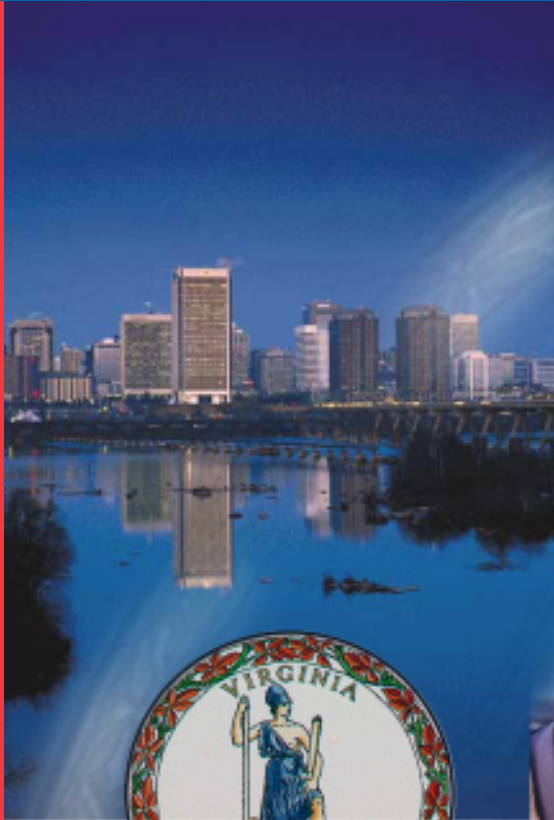# Commonwealth of Virginia Department of Medical Assistance Services

External Quality Review

Optima Family Care

SFY 2005

We don't provide healthcare... we make it better.

Section II - Performance Improvement Projects

Introduction

As part of the annual External Quality Review (EQR), Delmarva conducted a review of Performance Improvement Projects (PIPs) submitted by each MCO contracting with the Department of Medical Assistance Services (DMAS). According to its contract with DMAS, each MCO is required to conduct performance improvement projects that are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. According to the contract, the performance improvement projects must include the measurement of performance using objective quality indicators, the implementation of system interventions to achieve improvement in quality, evaluation of the effectiveness of the interventions, and planning and initiation of activities for increasing or sustaining improvement.

The guidelines utilized for PIP review activities were CMS' *Validation of PIPs* protocols.   After developing a crosswalk between the QIA form and *Validating PIP Worksheet,* Delmarva staff developed review processes and worksheets using CMS' protocols as guidelines (2002). CMS' *Validation of PIPs* assists EQROs in evaluating whether or not the PIP was designed, conducted, and reported in a sound manner and the degree of confidence a state agency could have in the reported results.

Prior to the PIP review for the 2003 review period (July through December 2003) training on the new validation requirements was provided to the Medallion II MCOs and Delmarva review staff. This training consisted of a four-hour program provided by Delmarva to orient the MCOs to the new BBA requirements and PIP validation protocols so that they would be familiar with the protocols used to evaluate their performance. CMS' validation protocols, *Conducting and Validating Performance Improvement Projects,* were presented to the MCOs in hardcopy during the training.

For the 2003 review period, the reviewers evaluated the entire project submission, although the minimum requirement was that each MCO review and analyze its baseline performance in 2003 to develop strong, self-sustaining interventions targeted to reach meaningful improvement.

For the current review period, calendar year (CY) 2004, the same protocols and tools were used. Reviewers evaluated each project submitted using the CMS validation tools. This included assessing each project across ten steps. These ten steps include:

Step 1: Review the Selected Study Topics

Step 2: Review the Study Questions

Step 3: Review the Selected Study Indicator(s)

Step 4: Review the Identified Study Population

Step 5: Review Sampling Methods

Step 6: Review the MCO's Data Collection Procedures

Step 7: Assess the MCO's Improvement Strategies

Step 8: Review Data Analysis and Interpretation of Study Results

Step 9: Assess the Likelihood that Reported Improvement is Real Improvement, and

Step 10: Assess Whether the MCO has Sustained its Documented Improvement.

As Delmarva staff conducted the review, each component within a standard (step) was rated as "yes," "no," or "N/A" (not applicable). Components were then rolled up to create a determination of "met", "partially met", "unmet" or "not applicable" for each of the ten standards. Table 1 describes this scoring methodology.

Table 1. Rating Scale for Performance Improvement Project Validation Review

Rating	Rating Methodology
Met	All required components were present.
Partially Met	One but not all components were present.
Unmet	None of the required components were present.
Not Applicable	None of the required components are applicable.

Results

This section presents an overview of the findings of the Validation Review conducted for each PIP submitted by the MCO. Each MCO's PIP was reviewed against all 27 components contained within the ten standards.

Optima Family Care (Optima) provided the ten activities assessed for each PIP and are presented in Table 2 below.

Table 2. 2004 Performance Improvement Project Review for Optima

Activity Number	Activity Description	Review Determination	
		Improving Treatment and Utilization Patterns for the Optima Health Management Diabetes Population	Improving Treatment and Utilization Patterns for the Optima Health Management Asthma Population
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Unmet	Unmet
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Partially met	Partially met
5	Review Sampling Methods	Met	Met
6	Review Data Collection Procedures	Partially Met	Partially Met
7	Assess Improvement Strategies	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met
9	Assess Whether Improvement is Real Improvement	Met	Met
10	Assess Sustained Improvement	Met	Met

Conclusions and Recommendations

Conclusions

Optima provided two PIPs for review. These included, (1) Improving Treatment and Utilization Patterns for the Optima Health Management Diabetes Population and, (2) Improving Treatment and Utilization Patterns for the Optima Health Management Diabetes Population. These were evaluated using the Validating Performance Improvement Projects protocol, commissioned by the Department of Health and Human Services, Centers for Medicare and Medicaid Services, which allows assessment among 10 different project activities.

For the Diabetes Project, the MCO received a review determination of "Met" for seven (7) elements, "Partially Met" for two (2) elements and Unmet for one (1) element. For the Asthma Project, the MCO received a review determination of "Met" for six (6) elements, "Partially Met" for three (3) elements, and "Unmet" for the remaining element.

Recommendations

Based on this review of the two PIPs submitted by Optima, the following recommendations are made.

➢ Consider including specific Medicaid utilization data, such as hospital admissions and emergency department visits, to further strengthen selection of the study topic.

➢ Submit a clear problem statement or study question that identifies why Optima decided to select the specific project topic.

➢ Describe how Optima ensures that their data collection approach validly captures all Medicaid enrollees.

➢ Describe the specific audit plan to ensure the collection of valid and reliable data for each indicator.

➢ Describe the degree of completeness of the automated data used for each study indicator as appropriate.

➢ If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability.

➢ Develop a prospective data analysis plan that includes specific qualitative or quantitative data to be collected, use of population or sample data and basis for comparison, including not only baseline but prior period performance, current goal and benchmark, if applicable.

➢ Describe qualifications of staff/personnel used to collect the data.

➢ Consider tests of statistical significance calculated on baseline and repeat indicator measurements.

➢ Optima may want to consider analyzing the factors that contributed to its best performance to date for each of the three indicators in planning future interventions.

QUALITY IMPROVEMENT PROJECT
VALIDATION WORKSHEET

> *Use this or a similar worksheet as a guide when validating MCO/PHP Quality Improvement Projects. Answer all questions for each activity. Refer to the protocol for detailed information on each area.*

ID of evaluator   <u>jaa</u>   Date of evaluation: <u>July 2005</u>

Demographic Information
MCO/PHP Name or ID: Optima Family Care
Project Leader Name: Jennifer S. Varbero, Medicaid Program Manager
Telephone Number: 757-687-6439   Email: jsvarber@sentara.com
Name of Quality Improvement Project: Improving Overall Treatment and Utilization Patterns for the Optima Health Management Asthma Population
Dates in Study Period: January 1, 1999 to December 31, 2004   **Phase:**   Remeasurement 5

I.	ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

Step 1.   **REVIEW THE SELECTED STUDY TOPIC (S)**

Component/Standard	Y	N	N/A	Comments	Cites and Similar References
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	☒	☐	☐	Optima Family Care (Optima) has analyzed data for all lines of business including the Medallion II population, which revealed continued increases in the number of enrollees with asthma. The Medicaid population alone experienced an increase of 20% in the number of enrollees with asthma between 2002 and 2003 and an additional 10% increase in the subsequent year. Thirty-five percent of all inpatient hospital admissions for respiratory related diseases were due to asthma in 2000 and 33% in 2001.	QAPI RE2Q1 QAPI RE2Q2,3,4 QIA S1A1
1.2 Did the MCO/PHP QIP address a broad spectrum of key aspects of enrollee care and services?	☒	☐	☐	This PIP seeks to decrease ER and hospital admissions for Medallion II enrollees who have been diagnosed with asthma. The PIP also includes a goal to increase the use of appropriate asthma medications. This PIP, over time, did address multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes and meets the requirements of this element.	QAPI RE2Q1 QIA S1A2

I.	ACTIVITY 1: ASSESS THE STUDY METHODOLOGY					
Step 1.	**REVIEW THE SELECTED STUDY TOPIC (S)**					
1.3 Did the MCO/PHP QIP include all enrolled populations; i.e., did not exclude certain enrollees such as with those with special health care needs?	☒	☐	☐	This clinical PIP addresses care of all continuously enrolled Medicaid HMO enrollees with a primary diagnosis of asthma for indicators #1 (inpatient admissions) and #2 (emergency department visits). For indicator #3 (appropriate asthma medications) Optima followed the HEDIS eligible population description for Medicaid that contains inclusion and exclusion criteria.	QAPI RE2Q1 QIA S1A2

Assessment Component 1

☒   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components is present.

Recommendations

Step 2:	REVIEW THE STUDY QUESTION (S)				
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
2.1 Was there a clear problem statement that described the rationale for the study?	☐	☒	☐	There was no problem statement or study question that clearly described why this study was meaningful to the Medallion II population at Optima. Citing the growing number of enrollees diagnosed with asthma is insufficient in meeting the requirements of this element.	QIA S1A3

Assessment Component 2

☐   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☒   Unmet -None of the required components is present.

Recommendations

Provide a problem statement that supports the rationale for the study. Specifically, why has Optima selected the goal of improving patient self-management of the disease process? What data supports the fact that enrollees are not effectively managing their asthma?

Step 3:		REVIEW SELECTED STUDY INDICATOR (S)				
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
3.1 Did the study use objective, clearly defined, measurable indicators?	☒	☐	☐	Three indicators were identified for this study: number of inpatient admissions for a primary diagnosis of asthma, number of emergency department visits for a primary diagnosis of asthma, and use of appropriate medications for people with asthma. All indicators were objective, clearly and unambiguously defined, and based on current clinical knowledge. A HEDIS measure was used for the third indicator.	QAPI RE3Q1, QAPI RE3Q2-6 QAPI RE3Q7-8 QIA S1B2 QIA S1B3
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	☒	☐	☐	Decreased inpatient admissions and emergency department visits as well as use of appropriate asthma medications have been identified as valid proxy measures for improved health status.	QAPI RE3Q9 QIA S1B1

Assessment Component 3

☒   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components are present.

Recommendations

Step 4:				REVIEW THE IDENTIFIED STUDY POPULATION	
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
4.1 Did the MCO/PHP clearly define all Medicaid enrollees to whom the study question(s) and indicator(s) are relevant?	☒	☐	☐	Optima clearly defined all Medicaid enrollees for the first two indicators as continuously enrolled members with a primary diagnosis of asthma using ICD9 diagnosis codes 493 through 493.92. The third indicator is based upon the percentage of continuously enrolled members with asthma in the prior year that received an appropriate prescription in the reporting year. Enrollees were required to meet one of four criterion in the prior year for study inclusion based upon HEDIS methodology.	QAPI RE2Q1, QAPI RE3Q2-6
4.2 If the MCO/PHP studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?	☐	☒	☐	There was no information provided to support the existence of procedures to ensure that Optima's data collection approach captured all Medicaid enrollees for indicators #1 and #2. For indicator #3 detailed procedures followed by the Information Architects within Optima's Clinical and Business Intelligence Division were described to ensure that data collection captured all enrollees to whom the study question applied.	QAPI RE4Q1&2 QAPI RE5Q1.2 QIA I B, C

Assessment Component 4

☐   Met – All required components are present.

☒   Partially Met – One, but not all components are present.

☐   Unmet -None of the required components is present.

Step 4:	REVIEW THE IDENTIFIED STUDY POPULATION
Recommendations Describe how Optima ensures that their data collection approach validly captures all Medicaid enrollees for indicators #1 and #2. 	

Step 5:			REVIEW SAMPLING METHODS		
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	☐	☐	☒	No sampling was used. Optima included the entire eligible population in the PIP.	QAPI RE5Q1.3a QIA S1C2
5.2 Did the MCO/PHP employ valid sampling techniques that protected against bias? *Specify the type of sampling or census used:*	☐	☐	☒	No sampling was used. Optima included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2
5.3 Did the sample contain a sufficient number of enrollees?	☐	☐	☒	No sampling was used. Optima included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2
Assessment Component 5 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components is present.					
Recommendations					

Step 6:		REVIEW DATA COLLECTION PROCEDURES				
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
6.1 Did the study design clearly specify the data to be collected?	☒	☐	☐	Data to be collected was specified in the numerator and denominator and in the "Other Pertinent Methodological Features" of the PIP study document. Specific enrollment requirements and diagnostic codes for asthma were identified as well as utilization data such as ER visits, outpatient visits, and hospitalizations. HEDIS has well defined data requirements for the third indicator.	QAPI RE4Q1&2
6.2 Did the study design clearly specify the sources of data	☒	☐	☐	Sources of data were clearly identified for each indicator and they included: claims/encounter data and pharmacy data.	QAPI RE4Q1&2
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicator(s) apply?	☐	☒	☐	The data collection methodology for indicators #1 and #2 was listed as a programmed pull from claims/encounter files of all eligible members. Data collection was identified as continuous. HEDIS methodology was used for collecting data for the third indicator. There was no indication of the degree of completeness for automated data. There was no evidence of a plan to audit data to ensure validity and reliability for indicators #1 and #2. There were detailed procedures to ensure validity and reliability of pharmacy claims data for indicator #3.	QAPI RE4Q3a QAPI RE4Q3b QIA S1C1 QIA S1C3

Step 6:		REVIEW DATA COLLECTION PROCEDURES				
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	☐	☒	☐	There was no evidence to support clear data collection instruments designed to promote inter-rater reliability for any manual data collection.	QAPI RE4Q1&2 QAPI RE4Q3b QAPI RE7Q1&2
6.5 Did the study design prospectively specify a data analysis plan?	☐	☒	☐	A clear data analysis plan was not fully described, other than to state the frequency.	QAPI RE5Q1.2
6.6 Were qualified staff and personnel used to collect the data?	☐	☒	☐	The PIP did not specify the qualifications of staff and personnel used to collect the data for indicators #1 and #2. For indicator #3 the qualifications and experience of the Information Architects was well described and appropriate.	QAPI RE4Q4

Assessment Component 6

☐   Met – All required components are present.

☒   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components is present.

Recommendations

The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. Describe the degree of completeness of the automated data used for each study indicator. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. Describe a prospective data analysis plan that addresses both quantitative and qualitative analyses for each indicator. Qualifications of staff/personnel used to collect the data should be specified for all indicators.

Step 7:	ASSESS IMPROVEMENT STRATEGIES				
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	☒	☐	☐	Optima performed barrier analysis for each indicator following the 2004 measurement period and developed related interventions for each enrollee, provider, and administrative barrier identified. The interventions were reasonable and focused on both patient and provider education and effective communication strategies as well as streamlining the referral process for providing case management services to high risk enrollees by contracting with one statewide agency.	QAPI RE6Q1a QAPI RE6Q1b QAPI RE1SQ1-3 QIA S3.5 QIA S4.1 QIA S4.2 QIA S4.3

Assessment Component 7

☒   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components is present.

Recommendations

Step 8:	REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
8.1 Was an analysis of the findings performed according to the data analysis plan?	☒	☐	☐	Optima analyzed its findings after each remeasurement period. Both a quantitative and qualitative analysis was performed for each of the indicators.	QAPI RE4Q4 QIA III
8.2 Did the MCO/PHP present numerical QIP results and findings accurately and clearly?	☒	☐	☐	The Data/Results Table accurately and clearly identified the rate and MCO goal for each indicator for each measurement period.	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	☒	☐	☐	The analysis of results for the three indicators compared the fifth remeasurement with current goal, baseline, and remeasurement 4. No factors were cited that threatened internal and external validity or influenced the comparability of initial and repeat measurements of administrative data.	QAPI RE7Q2 QIA S1C4 QIA S2.1
8.4 Did the analysis of study data include an interpretation of the extent to which its QIP was successful and follow-up activities?	☒	☐	☐	The analysis included an assessment of the success of each indicator relative to the goal established. For the inpatient hospital admission indicator the goal was met demonstrating a 5% improvement over the prior period. For the emergency department visit indicator the rate exceeded the goal with a 7% decrease in emergency department visits over the prior period. For the appropriate asthma medication indicator the rate fell slightly short of the goal with slight deterioration in performance from the prior period. The qualitative analysis section for each indicator addressed success of various interventions, barriers, opportunities, and interventions planned.	QIA S2.2

Step 8:	REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS
Assessment Component 8	
☒ Met – All required components are present.	
☐ Partially Met – Some, but not all components are present.	
☐ Unmet -None of the required components is present.	
Recommendations	

Step 9:	ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
9.1 Was the same methodology as the baseline measurement used when measurement was repeated?	☒	☐	☐	There were no changes to baseline methodology identified.	QAPI RE7Q2 QAPI 2SQ1-2 QIA S1C4 QIA S2.2 QIA S3.1 QIA S3.3 QIA S3.4
9.2 Was there any documented quantitative improvement in processes or outcomes of care?	☒	☐	☐	Improvement from baseline to remeasurement 5 was evident for all three indicators. For the inpatient hospital indicator admissions for a primary diagnosis of asthma decreased from 5.5% to 4.1%. For emergency department visits for a primary diagnosis of asthma there was a decrease from 26.2% to 20.7%. For use of appropriate asthma medications the rate increased from 58.82% to 67.66%. Improvements for the inpatient hospital admission and emergency department visit indicators were also evident from remeasurement 4 to remeasurement 5. During this time period inpatient admissions decreased from 4.4% to 4.1% and emergency department visits decreased from 22.3% to 20.7%.	QAPI RE7Q3 QIA S2.3

Step 9:				ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT	
9.3 Does the reported improvement in performance have face validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	☒	☐	☐	Improvement in performance appears to have face validity based upon the interventions that were developed to address identified opportunities for improvement.	QIA S3.2
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	☐	☒	☐	There was no evidence that statistical tests were performed from remeasurement 5 to baseline or remeasurement 4.	QIA S2.3

Assessment Component 9

☐　　　Met – All required components are present.

☒　　　Partially Met – Some, but not all components are present.

☐　　　Unmet -None of the required components is present.

Recommendations

Consider tests of statistical significance calculated on baseline and repeat indicator measurements.

Step 10:	ASSESS SUSTAINED IMPROVEMENT				
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☒	☐	☐	There was evidence to support sustained improvement for all three indicators from baseline to remeasurement 5; however, none of the three indicators have been able to achieve the rate for their best performance demonstrated in 2002 for indicators #1 and #3 and 2001 for indicator #2.	QAPI RE2SQ3 QIA II, III

Assessment Component 10

☒　　　Met – All required components are present.

☐　　　Partially Met – Some, but not all components are present.

☐　　　Unmet -None of the required components is present.

Recommendations

Optima may want to consider analyzing the factors that contributed to its best performance to date for each of the three indicators in planning future interventions.

Key Findings for: ☐ **Proposal** ☒ **Annual** ☐ **Resubmission** ☐ **Final**

1. Strengths

- ➢ The study indicators were objective and well defined.
- ➢ Data elements were carefully specified with unambiguous definitions.
- ➢ Data analysis identified system-wide barriers related to enrollees, providers, and administrative processes.
- ➢ A comprehensive quantitative and qualitative analysis was performed for each indicator following the conclusion of each remeasurement period.
- ➢ Improvement over baseline has been sustained for all measurement periods for all indicators.
- ➢ The goal for indicator #1 was met and the goal for indicator #2 was exceeded for the current measurement period.

2. Best Practices

None identified.

3. Potential /significant issues experienced by MCO (Barrier Analysis/Clarification Questions)

Barriers identified included:
- ➢ Communicating program specifics and referral information to multiple physician practices in a large geographic area.
- ➢ Increasing the rate of participation of enrollees with asthma in the various program interventions.
- ➢ Small gaps still remain in home health Life Coach program coverage areas. Contracting with multiple home care provider sites creates an administrative burden.
- ➢ There are few opportunities to provide asthma education to doctors in training.
- ➢ There is consistently a need to educate enrollees in a way that is easy to understand and in a place that is convenient to the enrollee.

4. Actions taken by MCO (Barrier Analysis/Response to Clarification Questions)

Actions taken by the MCO included:
- ➢ Met with nurse practitioners from several pediatric practices to educate them about the program and criteria and procedures for referral.
- ➢ Participated in a workshop sponsored by the Center for Health Care Strategies designed to brainstorm ideas to add value and implement changes within the program. As a result of this participation use of outreach workers from the community is being explored

Key Findings for: ☐ **Proposal**   ☒ **Annual**   ☐ **Resubmission**   ☐ **Final**
to locate and intercede with difficult to reach/engage enrollees and encourage program participation.
➢ Contracted with one statewide agency that will provide expanded coverage throughout the MCO service area and reduce administrative burden from working with multiple agencies.
➢ Implemented monthly education classes at a local community health clinic to address enrollees who do not always have transportation to other asthma educational opportunities.

5. **Recommendations for the next submission** (Pull from each Step Recommendations)
➢ Provide a problem statement that supports the rationale for the study. Specifically, why has Optima selected the goal of improving patient self-management of the disease process? What data supports the fact that enrollees are not effectively managing their asthma?
➢ Describe how Optima ensures that their data collection approach validly captures all Medicaid enrollees for indicators #1 and #2.
➢ The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. Describe the degree of completeness of the automated data used for each study indicator. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. Describe a prospective data analysis plan that addresses both quantitative and qualitative analyses for each indicator. Qualifications of staff/personnel used to collect the data should be specified for all indicators.
➢ Consider tests of statistical significance calculated on baseline and repeat indicator measurements.
➢ Optima may want to consider analyzing the factors that contributed to its best performance to date for each of the three indicators in planning future interventions.

☒ The study design and methodology for this PIP submission meets PIP requirements. The EQRO recommends that the MCO continue with the project and report next year in the **Spring of 2006** (exact time to be determined).
☐ The study design and methodology for this PIP submission does not meet QIP requirements. To meet requirements, we recommend the MCO resubmit the following by _____ (date):
• (Action)
• (Action)

QUALITY IMPROVEMENT PROJECT
VALIDATION WORKSHEET

Use this or a similar worksheet as a guide when validating MCO/PHP Quality Improvement Projects. Answer all questions for each activity. Refer to the protocol for detailed information on each area.

ID of evaluator   <u>jaa</u>   Date of evaluation: <u>July 2005</u>

Demographic Information
MCO/PHP Name or ID: Optima Family Care
Project Leader Name: Jennifer S. Varbero, Medicaid Program Manager
Telephone Number: (757) 687-6439   Email: jsvarber@sentara.com
Name of Quality Improvement Project: Improving Treatment and Utilization Patterns for the Optima Health Management Diabetes Population
Dates in Study Period: January 1, 2000 to December 31, 2004   Phase: Remeasurement 4

I.	ACTIVITY 1: ASSESS THE STUDY METHODOLOGY					
Step 1.	**REVIEW THE SELECTED STUDY TOPIC (S)**					
Component/Standard		**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?		☒	☐	☐	Optima Family Care (Optima) has utilized Virginia statewide data as well as health plan specific Medicaid and commercial data in selecting this topic for study. According to this PIP Optima diabetes rates for the Medicaid population increased by 11% overall and by 16% in the 0-17 age population in 2004. Overall diabetes prevalence rates have increased across the state of Virginia and prevalence rates have continued to increase in ethnic groups, low-income populations, and females. Optima further reported that diabetes rates have continued to be in the top ten diagnoses for the health plan for all claims by cost and volume.	QAPI RE2Q1 QAPI RE2Q2, 3,4 QIA S1A1
1.2 Did the MCO/PHP QIP address a broad spectrum of key aspects of enrollee care and services?		☒	☐	☐	This PIP seeks to improve six HEDIS Comprehensive Diabetes Care rates as well as to decrease the inpatient admission and emergency department visit rates for a primary diagnosis of asthma. While this is considered to be a baseline review this PIP did address over time multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes and meets the requirements of this component.	QAPI RE2Q1 QIA S1A2

I.	ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

Step 1.	REVIEW THE SELECTED STUDY TOPIC (S)

1.3 Did the MCO/PHP QIP include all enrolled populations; i.e., did not exclude certain enrollees such as with those with special health care needs?	☒	☐	☐	This PIP addresses care of all commercial and Medicaid HMO enrollees identified with diabetes. The first six indicators followed the HEDIS eligible population description. For the last two indicators Optima utilized ICD-9 codes 250 through 250.93, 357.2, 362.0, and 366.41 for study inclusion as well as a requirement for continuous enrollment during the measurement year.	QAPI RE2Q1 QIA S1A2

Assessment Component 1

☒   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components is present.

Recommendations

Consider including specific Medicaid utilization data, such as hospital admissions and emergency department visits, to further strengthen selection of the study topic.

Step 2:	REVIEW THE STUDY QUESTION (S)				
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
2.1 Was there a clear problem statement that described the rationale for the study?	☐	☒	☐	PIP documentation did not state a specific problem or study question relating to the Medallion II population. Citing the growing number of enrollees diagnosed with diabetes is insufficient in meeting the requirements of this component.	QIA S1A3

Assessment Component 2

☐   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☒   Unmet -None of the required components is present.

Recommendations

Submit a clear problem statement or study question that identifies why Optima decided to focus on this project as a meaningful activity for the Medallion II population enrolled in 2004.

Step 3:	REVIEW SELECTED STUDY INDICATOR (S)				
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
3.1 Did the study use objective, clearly defined, measurable indicators?	☒	☐	☐	Eight indicators were identified for this study with the first six selected from HEDIS Comprehensive Diabetes Care; hemoglobin A1c test rate, retinal eye examination rate, LDL screening rate, LDL control rate <130 mg/dL, nephropathy monitor rate, and A1c poor control rate. Indicator #7 was the number (rate) of inpatient admissions for a primary diagnosis of diabetes with continuous enrollment for the period. Indicator #8 was the number (rate) of emergency department visits admissions for a primary diagnosis of diabetes with continuous enrollment for the period. All indicators, both HEDIS and non-HEDIS were objective, clearly defined, and measurable.	QAPI RE3Q1, QAPI RE3Q2-6 QAPI RE3Q7-8 QIA S1B2 QIA S1B3
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	☒	☐	☐	Decreased inpatient admissions and emergency department visits as well as improvement in HEDIS Comprehensive Diabetes Care measures have been identified as valid proxy measures for improved health status.	QAPI RE3Q9 QIA S1B1

Assessment Component 3

☒   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components are present.

Step 3:	REVIEW SELECTED STUDY INDICATOR (S)
Recommendations	

Step 4:		REVIEW THE IDENTIFIED STUDY POPULATION				
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**	
4.1 Did the MCO/PHP clearly define all Medicaid enrollees to whom the study question(s) and indicator(s) are relevant?	☒	☐	☐	Optima clearly defined all Medicaid enrollees for each of the eight indicators. For the first six indicators HEDIS specifications were utilized. For indicators #7 and #8 Optima described the eligible population as the total number of enrollees identified with diabetes through claims review using specific ICD-9 codes and a requirement of continuous enrollment during the measurement period.	QAPI RE2Q1, QAPI RE3Q2-6	
4.2 If the MCO/PHP studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?	☐	☒	☐	HEDIS methodology and specifications meet the requirements of this component for indicators one through six. There was no information provided to support the existence of procedures to ensure that Optima's data collection approach captured all Medicaid enrollees for indicators #7 and #8.	QAPI RE4Q1&2 QAPI RE5Q1.2 QIA I B, C	

Assessment Component 4

☐   Met – All required components are present.

☒   Partially Met – One, but not all components are present.

☐   Unmet -None of the required components is present.

Recommendations

Describe how Optima ensures that their data collection approach validly captures all Medicaid enrollees for indicators #7 and #8.

Step 5:		REVIEW SAMPLING METHODS				
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	☒	☐	☐	HEDIS methodology and specifications meet the requirements of this component for the six HEDIS related indicators. For the two non-HEDIS measures Optima included the entire eligible population in the PIP.	QAPI RE5Q1.3a QIA S1C2
5.2 Did the MCO/PHP employ valid sampling techniques that protected against bias? *Specify the type of sampling or census used:*	☒	☐	☐	HEDIS methodology and specifications meet the requirements of this component for the six HEDIS related indicators. For the two non-HEDIS measures Optima included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2
5.3 Did the sample contain a sufficient number of enrollees?	☒	☐	☐	HEDIS methodology and specifications meet the requirements of this component for the six HEDIS related indicators. For the two non-HEDIS measures Optima included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2

Assessment Component 5

☒   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components is present.

Recommendations

Step 6:		REVIEW DATA COLLECTION PROCEDURES				
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
6.1 Did the study design clearly specify the data to be collected?	☒	☐	☐	Data to be collected was specified in the numerator and denominator for each of the eight indicators. HEDIS has well defined data requirements for the first six indicators used.	QAPI RE4Q1&2
6.2 Did the study design clearly specify the sources of data	☒	☐	☐	HEDIS technical specifications meet the requirements of this component for indicators one through six. The PIP noted that hybrid data was used for these six indicators. Claims/encounters were specified as data sources for indicators #7 and 8.	QAPI RE4Q1&2
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicator(s) apply?	☐	☒	☐	HEDIS methodology was used for collecting data for the first six indicators. The data collection methodology for indicators #7 and #8 was listed as a programmed pull from claims/encounter files of all eligible members. Data collection was identified as once a quarter. There was no indication of the degree of completeness for automated data. There was no evidence of a plan to audit data to ensure validity and reliability for any of the indicators.	QAPI RE4Q3a QAPI RE4Q3b QIA S1C1 QIA S1C3
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	☐	☒	☐	There was no evidence to support clear data collection instruments designed to promote inter-rater reliability for any manual data collection.	QAPI RE4Q1&2 QAPI RE4Q3b QAPI RE7Q1&2
6.5 Did the study design prospectively specify a data analysis plan?	☐	☒	☐	There was no evidence of a prospective data analysis plan.	QAPI RE5Q1.2
6.6 Were qualified staff and personnel used to collect the data?	☐	☒	☐	The PIP did not specify the qualifications of staff/personnel used to collect the data.	QAPI RE4Q4

Step 6:	REVIEW DATA COLLECTION PROCEDURES
Assessment Component 6	
☐ Met – All required components are present.	
☒ Partially Met – Some, but not all components are present.	
☐ Unmet -None of the required components is present.	
Recommendations	
Describe the specific audit plan to ensure the collection of valid and reliable data for each indicator. Describe the degree of completeness of the automated data used for each study indicator as appropriate. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. Develop a prospective data analysis plan that includes specific qualitative or quantitative data to be collected, use of population or sample data and basis for comparison, including not only baseline but prior period performance, current goal and benchmark, if applicable. Describe qualifications of staff/personnel used to collect the data.	

Step 7:		ASSESS IMPROVEMENT STRATEGIES				
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	☒	☐	☐	In response to CY 2004 results Optima performed a barrier analysis for each indicator to identify opportunities for improvement and related interventions to improve the HEDIS Comprehensive Diabetes Care measures and to decrease the rate of diabetes related hospital admissions and emergency department visits. Education and outreach targeted at enrollees and providers on appropriate diabetes management, telemanagement outreach to enrollees with diabetes related hospital admissions and emergency departments visits, and removal of a requirement for PCP referral for dilated eye exam appear to be reasonable interventions based upon the barriers identified.	QAPI RE6Q1a QAPI RE6Q1b QAPI RE1SQ1-3 QIA S3.5 QIA S4.1 QIA S4.2 QIA S4.3

Assessment Component 7

☒   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components is present.

Recommendations

Step 8:	REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
8.1 Was an analysis of the findings performed according to the data analysis plan?	☒	☐	☐	Optima analyzed its findings after the 2004 remeasurement period. Both a quantitative and qualitative analysis was performed.	QAPI RE4Q4 QIA III
8.2 Did the MCO/PHP present numerical QIP results and findings accurately and clearly?	☒	☐	☐	The Data/Results Table accurately and clearly identified the Medicaid specific rate and the current HEDIS Quality Compass Medicaid benchmark and internal goal for the six HEDIS related measures. For the hospital admission and emergency department visit indicators a Medicaid specific rate and an internal goal was accurately and clearly identified.	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, only 2004 measurements were reviewed.	QAPI RE7Q2 QIA S1C4 QIA S2.1
8.4 Did the analysis of study data include an interpretation of the extent to which its QIP was successful and follow-up activities?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, no analysis of the extent to which the PIP was successful and follow-up activities was required.	QIA S2.2

Step 8:	REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS

Assessment Component 8

☒　　　Met – All required components are present.

☐　　　Partially Met – Some, but not all components are present.

☐　　　Unmet -None of the required components is present.

Recommendations

Step 9:	ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
Component/Standard	Y	N	N/A	Comments	Cites and Similar References
9.1 Was the same methodology as the baseline measurement used when measurement was repeated?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, no repeat measurements will be reviewed during this cycle.	QAPI RE7Q2 QAPI 2SQ1-2 QIA S1C4 QIA S2.2 QIA S3.1 QIA S3.3 QIA S3.4
9.2 Was there any documented quantitative improvement in processes or outcomes of care?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, documented quantitative improvement in processes or outcomes of care was not reviewed during this cycle.	QAPI RE7Q3 QIA S2.3
9.3 Does the reported improvement in performance have face validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QIA S3.2
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QIA S2.3

Step 9:	ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT
Assessment Component 9	
☒ Met – All required components are present.	
☐ Partially Met – Some, but not all components are present.	
☐ Unmet -None of the required components is present.	
Recommendations	

Step 10:			ASSESS SUSTAINED IMPROVEMENT			
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QAPI RE2SQ3 QIA II, III

Assessment Component 10

☒   Met – All required components are present.

☐   Partially Met – Some, but not all components are present.

☐   Unmet -None of the required components is present.

Recommendations

Key Findings for: ☐ Proposal ☒ Annual ☐ Resubmission ☐ Final
1. Strengths ➢ Optima used use objective, clearly defined, measurable indicators. ➢ HEDIS specifications were utilized to identify the eligible population for six of the eight indicators. Well-defined data elements were utilized to identify the eligible population for the two non-HEDIS measures. ➢ A comprehensive quantitative and qualitative analysis was performed for each indicator for CY 2004. ➢ Focused interventions were developed in response to identified barriers and opportunities for improvement. ➢ Six out of eight measures improved from baseline to CY 2004. Six out of eight measures improved from CY 2003 to CY 2004.
2. Best Practices None identified.
3. Potential /significant issues experienced by MCO (Barrier Analysis/Clarification Questions) Barriers identified included: ➢ Knowledge deficit among enrollees and providers about the need for regular A1c testing. ➢ Enrollee lack of knowledge about the need for an annual eye exam. Need for a referral from the PCP appears to be a barrier for many. ➢ Enrollees and practitioners lack information regarding the importance of an LDL test for persons with diabetes. ➢ Enrollees are unable to state their LDL numbers. ➢ General lack of knowledge regarding the need for urine microalbumin testing among enrollees and providers. ➢ Physicians report that often A1cs are not done because an enrollee's blood glucose values run high. Some physicians report not knowing if an A1c is a covered benefit under the health plan. ➢ Hospitalized enrollees are difficult to reach and may not be exposed to comprehensive diabetes education or be aware of how to manage their care. Providers may be unaware of hospitalization for primary diabetes problems. ➢ PCPs may be unaware of enrollees with an emergency department visit for diabetes.

Key Findings for:	☐ **Proposal**	☒ **Annual**	☐ **Resubmission**	☐ **Final**

4. **Actions taken by MCO** (Barrier Analysis/Response to Clarification Questions)

Actions taken by the MCO included:

➢ Providers receive a listing of enrollees in need of A1c testing. Targeted outreach to enrollees in need of A1c testing.

➢ Educate enrollees on the need for an annual eye exam. Remove the requirement for a PCP referral and notify enrollees of the change.

➢ Educate enrollees and practitioners regarding the importance of an LDL test for persons with diabetes.

➢ Educate enrollees and providers on the importance of measurement and control in the LDL goal.

➢ Educate enrollees and providers about the need for urine microalbumin testing.

➢ Educate both enrollees and providers about the value of the test. Outreach to enrollees and providers for enrollees with A1cs greater than 9.0%.

➢ Enrollees and providers are contacted by the disease management program when a primary diabetes hospitalization occurs.

➢ Send diabetes program availability information to all enrollees who have an emergency department contact for diabetes and notify PCPs of the visit.

5. **Recommendations for the next submission** (Pull from each Step Recommendations)

➢ Consider including specific Medicaid utilization data, such as hospital admissions and emergency department visits, to further strengthen selection of the study topic.

➢ Submit a clear problem statement or study question that identifies why Optima decided to focus on this project as a meaningful activity for the Medallion II population enrolled in 2004.

➢ Describe how Optima ensures that their data collection approach validly captures all Medicaid enrollees for indicators #7 and #8.

➢ Describe the specific audit plan to ensure the collection of valid and reliable data for each indicator. Describe the degree of completeness of the automated data used for each study indicator as appropriate. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. Develop a prospective data analysis plan that includes specific qualitative or quantitative data to be collected, use of population or sample data and basis for comparison, including not only baseline but prior period performance, current goal and benchmark, if applicable. Describe qualifications of staff/personnel used to collect the data.

Key Findings for: ☐ Proposal ☒ Annual ☐ Resubmission ☐ Final
☒ The study design and methodology for this PIP submission meets PIP requirements. The EQRO recommends that the MCO continue with the project and report next year in the Spring of 2006 (exact time to be determined). ☐ The study design and methodology for this PIP submission does not meet PIP requirements. To meet requirements, we recommend the MCO resubmit the following by _____ (date): • (Action) • (Action)